Attorney Docket No. 19240-477

SUPPLEMENTAL DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL MULTIPEPTIDE REGIMEN FOR THE TREATMENT OF AUTISTIC SPECTRUM, BEHAVIORAL, EMOTIONAL AND VISCERAL INFLAMMATION/AUTOIMMUNE DISORDERS

	INFLAMMAT	TION/AUTOIMMUN		.A.L
the specification	on of which:			
Ţ]	is attached hereto			
[X]	was filed as U.S. Applion February 27, 2007		11 on <u>March 11, 200</u>	4 and was amended
ĹĴ	was filed as PCT Pater amended under PCT A	t Application No rticle 19 on	onon(if applicable	and was
• • •	y state that I have revie including the claims, as			•
	owledge the duty to disc nown by me to be mater 1.56.			
or 365(b) of an international a America listed inventor's cert	y claim foreign priority ny foreign application(s pplication(s) designating below, and have also in tificate, or any PCT inte United States of Americals is claimed:) for patent or inventing at least one country dentified below any frontional application	or's certificate, or 36 y other than the Unit oreign application(s (s) designating at least	65(a) of any PCT ed States of for patent or astrone country
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119 (YES/NO)

Supplemental Declaration U.S. Application No.: 09/775,350

PRIO	OR UNITED STA	PRIOR UNITED STATES APPLICATIONS
I hereby claim the benefit under provisional application(s) listed below.	it under Title 35, l below.	I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States and application(s) listed below.
APPLICATION NUMBER		DATE OF FILING (days month, year)
60/518,389		November 6, 2003
Thereby claim the benefit under Title 35, United States Code, §120 of an application(s) or 365(c) of any PCT international application(s) designating the America listed below and, insofar as the subject matter of each of the claims of the disclosed in the prior application(s) in the manner provided by the first paragulated States Code, §112, Lacknowledge the duty to disclose material informational Title 37, Code of Federal Regulations, §1.56 which occurred between the filing applications and the national or PCT international filing date of this application.	ir under Title 35, CT international ar as the subject nation(s) in the man nowledge the duty ations, §1.56 which PCT international	Thereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or 365(c) of any PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application.
APPLICATION NUMBER	FILING DATE	STATUS (Petenced Boodline, Abandariod)
	ruby Canton - Conty	Application of the state of the
SEND CORRESPONDENCE TO:	: 10;	DIRECT TELEPHONE CALLS TO:
Customer No. 28089		

I hereby declare that all statements made herein of my own knowledge are true and that all

statements made on information and belief are believed to be true; and further that these

and that such willful false statements may jeopardize the validity of the application or any patent punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code statements were made with the knowledge that willful false statements and the like so made are

issuing thereon:

INVENTOR Welch Martha G. MANITAGE ADMISS ADMISS ADMISS ADMISS ADMISS CITIZENSHIP CITIZENSHIP SIGNATURE M. L. J. D. J. J. D. J. J. D. J. D. J. D. J. J. J. D. J.	FULL NAME OF	FAMILY MANE	HRYL GIVEN NAME.	MIDDLE WILL
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